				,
FOR:	NO.	FILED	NO.	EXTRA
BASIC FEE				
TOTAL	23	- 20	=	*3
CLAIMS				
INDEP.	4	- 3	-	*1
CLAIMS				
[] MULTIPLE	DEPEN	DENT C	LAIM F	RESENTE

\* If the difference in Col. 1 is less than 0, enter "0" in Col. 2.

	SWEALE CIVILLI							
•	RATE	FEE	OR					
		\$345.00	OR					
	x \$9.00 =		OR					
	x \$39.00 =		OR					
	+ \$130.00 =		OR					
	TOTAL		OR					

RATE	FEE	
	\$690.00	
x \$18.00 =	\$54.00	
x \$78.00 =	\$78.00	
+ \$260.00 =		_
TOTAL	\$822.00	

Please charge Deposit Account No. 20-1430 as follows: Filing fee [X] \$822.00 [X] Any additional fees associated with this paper or during the pendency of this application. [] The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b) [] A check for \$ Respectfully submitted. is enclosed. TOWNSEND and TOWNSEND and CREW LLP extra copies of this sheet are enclosed. Facsimile:

Telephone: (303) 571-4000

(303) 571-4321

William F. Vobach Reg No.: 39,411 Attorneys for Applicant